

SENDER: COMPLETE THIS SECTION

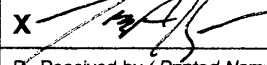
COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

William McCool, Clerk
United States District Court
Northern District of Florida
111 N.. Adams St.
Tallahassee, Florida 32301

A. Signature

X 

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-8-6

- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

- ☐ Yes

2:06cv133-MEF
2. Article Number
(Trans from service label)

7005 1820 0002 3461 0898

PS Form

1, February 2004

Domestic Return Receipt

102595-02-M-154